| | 14 |
|--|---|
| ARIZONA STATE B PLACE OF BIRTII BUREAU OF VIT | TAL STATISTICS State File No. |
| STANDARD CERTII | FICATE OF BIRTH Registered No. |
| ounty | State Crisona |
| istrict or Township or Village | |
| ity No /2/ Ruis (DA 111) | |
| Full name of child | |
| Ser of Child To be answered ONLY 4. Twin, triplet or other. | |
| in event of plural births. 5. No., in order of birth. | 7. Date of birth Month Day Year |
| all name of oward / Allo | 14. MOTHER Full marden name |
| Residence (Usual place of abode) | 15 Residence (Usual place of abode) |
| If non-resident, give place and state. | If non-resident, give place and state. |
| ,!. Color or race | 16 Color or race |
| Mexican 11, Age at last birthday 25 (Years) | merican 17. Age at last birthday 3/ (Years) |
| | 18. Birthplace (city or place) |
| (State or country) Wright. | (State or country) |
| : Occupation | 19. Occupation |
| Nature of industry auto Mechanic | Nature of industry |
| Number of children of this mother. (a) Born silve and | The water water |
| rtified and including this child.) (b) Born alive but in the child.) | now dead M white neonatorum? |
| GERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE's iereby certify that I attended the birth of this child, who was 12 & 7 m 1 minutes 13 minutes 1 | |
| * When there were no access to | n alive or stillborn.) at 1 300 m. on the date above stated |
| r midwife, then the father, householder, Signature Signature | Wythen bolg |
| hild is one that neither breathes nor hows other evidence of life after birth. | Ostitue and |
| iven name added from supplemental report | (Physician or priduglie), |
| Month, day, year | |
| | 9 1929 Fill Wighton me |
| 555-1020-949 | Registrar |